

SCC eFile	2012 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	212522862		
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> 1.) CORPORATION NAME: THE NATURE CONSERVANCY 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: NATIONAL REGISTERED AGENTS INC 4701 COX ROAD SUITE 301 GLEN ALLEN, VA 23060-6802 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY 4.) STATE OR COUNTRY OF INCORPORATION: DC </div> <div style="width: 35%; text-align: right;"> DUE DATE: 6/30/2012 SCC ID NO: F0148728 5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED
CLASS	AUTHORIZED			
6.) PRINCIPAL OFFICE ADDRESS: <div style="text-align: center;"> ADDRESS: ATTN: LEGAL DEPARTMENT 4245 NORTH FAIRFAX DRIVE CITY/ST/ZIP: ARLINGTON, VA 22203-1606 </div>				
7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.				
NAME: MARK TERCEK TITLE: PRESIDENT ADDRESS: 4245 N. FAIRFAX DR CITY/ST/ZIP/CO: ARLINGTON, VA 22203-1606	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR		
NAME: PHILIP TABAS TITLE: VP/GC ADDRESS: 4245 NORTH FIARFAX DR CITY/ST/ZIP/CO: ARLINGTON, VA 22203-1637	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR		
NAME: MUNEER SATTER TITLE: TREASURER ADDRESS: 4245 NORTH FAIRFAX DRIVE CITY/ST/ZIP/CO: ARLINGTON, VA 22203	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR		
NAME: GORDON CRAWFORD TITLE: VICE CHAIRMAN ADDRESS: 4245 NORTH FAIRFAX DRIVE CITY/ST/ZIP/CO: ARLINGTON, VA 22203-1606	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR		
NAME: TERESA BECK TITLE: CHAIRMAN ADDRESS: 4245 N. FAIRFAX DR CITY/ST/ZIP/CO: ARLINGTON, VA 22203	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR		
NAME: STEVEN A. DENNING TITLE: CHAIRMAN ADDRESS: 4245 N. FAIRFAX DR CITY/ST/ZIP/CO: ARLINGTON, VA 22203	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR		

NAME:	ROBERTO HERNANDEZ RAMIREZ	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	4245 N. FAIRFAX DR		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22203		
NAME:	FRANK E. LOY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	4245 N. FAIRFAX DR		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22203		
NAME:	DAVID BLOOD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4245 N. FAIRFAX DR		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22203		
NAME:	SHONA L. BROWN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4245 N. FAIRFAX DR		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22203		
NAME:	GRETCHEN C. DAILY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4245 N. FAIRFAX DR		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22203		
NAME:	JEREMY GRANTHAM	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4245 N. FAIRFAX DR		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22203		
NAME:	JACK MA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4245 N. FAIRFAX DR		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22203		
NAME:	CRAIG O. MCCAWE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4245 N. FAIRFAX DR		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22203		
NAME:	THOMAS J. MEREDITH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4245 N. FAIRFAX DR		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22203		
NAME:	THOMAS MIDDLETON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4245 N. FAIRFAX DR		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22203		
NAME:	JAMES C. MORGAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4245 N. FAIRFAX DR		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22203		

NAME:	STEPHEN POLASKY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4245 N. FAIRFAX DR		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22203		
NAME:	JAMES E. ROGERS JR.	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4245 N. FAIRFAX DR		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22203		
NAME:	CRISTIAN SAMPER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4245 N. FAIRFAX DR		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22203		
NAME:	THOMAS J. TIERNEY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4245 N. FAIRFAX DR		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22203		
NAME:	MOSES TSANG	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4245 N. FAIRFAX DR		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22203		
NAME:	FRANCES ULMER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4245 N. FAIRFAX DR		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22203		
NAME:	MARGARET C. WHITMAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4245 N. FAIRFAX DR		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22203		
NAME:	SHIRLEY YOUNG	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4245 N. FAIRFAX DR		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22203		
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ PHILIP TABAS	PHILIP TABAS, VP/GC	6/19/2012	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			